PTO/SB/01 (6-95) Approved for use through: 10/31/98 OMB 0651-0032

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0010/PTO Rev. 6/95	U.S. Department of O Patent and Tradem		Attorney Docket Number	H 50052 US							
DECLARAT	ION F	OR	First Named Inventor	Wilson et al.	Wilson et al.						
UTILITY OR	DES	IGN	COMPLETE IF KNOWN								
PATENT APP	PLICA	TION	Application Number		•						
1 ATENT 70 1	,		Filing Date								
Declaration OR	R ☐ De	Declaration Submitted after	Group Art Unit								
Submitted with Initial Filing		ial Filing	Examiner Name								
compositions paint Delivery the specification of which is attached hereto		L FOR CLEA		BASED PA	INT FROM						
OR		·			DOT by final						
was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
Application Number		and was am	ended on (MM/DD/YYYY)		(if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.											
I hereby claim foreign priority benefits certificate, or §365(a) of any PCT Into and have also identified below, by cheaving a filing date before that of the	s under Title : emational app ecking the bo application o	35, United States Cod plication which design ox, any foreign applicat n which priority is claim	e §119(a)-(d) or §365(b) of any ated at least one country other t tion for patent or inventor's certi med.	foreign application(s than the United State ficate, or of any PCT) for patent or inventor's s of America, listed below International application						
Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
					X						
Additional foreign application n			****								
I hereby claim the benefit under Title	7	States Code §119(e) of Date (MM/DD/YYYY)		application(s) listed to Additional provisional							
Application Number(s) 60/483,097	06/30/200			application numbers are listed on a supplemental priority sheet attached heret	,						
Burden Hour Statement: This form is	estimated to	take .4 hours to comp	lete. Time will vary depending	upon the needs of the	e individual case. Any comments						

the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **Parent Patent Number PCT Parent Parent Filing Date** U.S. Parent (MM/DD/YYYY) (if applicable) **Application Number** Number Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer or label Firm Name Number List Attorney(s) and/or agent(s) name and registration number below: Registration Number Registration Number Name Name 33,243 Stephen D. Harper Glenn E. J. Murphy 33,539 33,832 Steven C. Bauman 31,369 Gregory M. Hill 34,789 Mary K. Cameron Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto. OR Please direct all correspondence Fill in correspondence address below 00423 Customer Number or label Name Address Address Zip State City Fax 610-278-4927 Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Suffix Middle R. Family Name Wilson Given Neil e.g. Jr. Name Initial Date Inventor's 2004 May 3, Signature MI Country US Citizenship US State Lake Orion Residence: City Post Office Address 2627 Solar Drive Post Office Address Applicant Authority US State MI Zip 48360 Country City Lake Orion Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION								ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:									A petition has been filed for this unsigned inventor						ventor		
Given Name	Bruce			Middle Initial		Н.		Far Nar		Goodreau		Suff e.g.		fix Jr.			
Inventor's Signature		Bruce H. For				ceam							May 3, 2004				
Residence:	idence: City Romeo			State		MI C			ountry	us			Citizenship US				
Post Office	Add	ress	11455 Thirty	-Five M	ile Road												
Post Office Address																	
City Ro	meo		State		MI	Zi	Zip 4806		5	Cou	ntry	us		Applicant Authority			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor																	
Given Name						Middle Initial			Family Name						ffix . Jr.		
Inventor's Signature											Date			<u> </u>			
Residence	City	·	State					С	ountry	ountry			Citizenship				
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Post Office	Add	iress												_			
City				Ştate		z	'ip			Cou	intry			Applica Author			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor																	
Given Name								mily ame						ıffix g. Jr.			
Inventor's Signature	1												Date				
Residence	ence: City			State					Country			Citizenship					
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City	State			Zip		Cou		untry		Applicant Authority							
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor																	
Given Name		Middle Initial			Family Name							Suffix e.g. Jr.					
Inventor's Signature Date																	
Residence: City State					\mathbf{I}	Countr	у			Citizenship							
Post Office Address																	
Post Office Address																	
City				State			Zip			Co	untry			Applie Autho	cant		
Additional inventors are being named on supplemental sheet(s) attached hereto																	